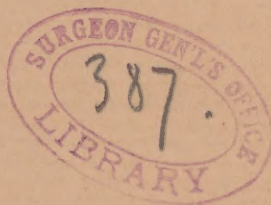


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Lunatic Hospital.

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INEBRIATES AT THE DANVERS LUNATIC HOSPITAL.*

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It is not my purpose, in the present paper, to discuss the question whether drunkenness should be considered a vice or a disease. I propose merely to describe, as fairly as may be, the results of the law, now in force in Massachusetts, by which habitual drunkards may be committed to lunatic hospitals,—so far as those results have come under my notice at the Danvers hospital; and to offer some comments, naturally suggested by the facts thus observed.

It will probably be conceded by everyone,—no matter what may be his theory as to the position of drunkenness among crimes or diseases,—that in the career of every inebriate there comes a time when the motives, which ordinarily keep men within bounds of discretion and of decency in their indulgences, are no longer able to contend against his appetite for drink. The demands for self-interest, the natural desire to retain his position in society, the restraining influence of family ties, are all powerless against the strength of his acquired habit. In other words, there comes a point, where any impartial observer will admit that (whether his condition be the result of disease or of original sin,) if left to his own unaided efforts, reform is not to be expected. It then becomes an eminently practical question to decide what the State had best do about it, whether in the interest of justice, of charity, or of economy. Is it best to keep on sending him to the Island or to the House of Correction for thirty days at a time, until he either drinks himself to death, or becomes a permanent charge upon the State, in an asylum or alms-house? Or would it not be worth while to try the experiment of catching him before that stage arrives; of shutting him up, away from drink, for a long period; of forcing him, by means of compulsory labor, to become in some degree a useful member of the community during the time of his detention; with perhaps a chance, now and then, of eventually restoring him to society as a reformed man?

In this State (Massachusetts,) the superintendents of lunatic hospitals and others, have from time to time, during many years, advocated the enactment of a law providing for the commitment

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of drunkards to some special institution for their custody and treatment. Some would confide the operations of such a law to dipsomaniacs, properly so-called; others would include the whole army of inebriates. The subject has frequently been considered by legislative committees. In 1885, the State Board of Lunacy and Charity made a special report to the legislature, recommending that the State establish an institution for the treatment of inebriates, distinguishing between those of the vicious or criminal class and those free from criminal habits and tendencies; and in that year the statute was passed which is now in force, and which runs as follows:

ACTS AND RESOLVES, 1885. CHAP. 339.

SECT. 1. Whoever is given to or subject to dipsomania, or habitual drunkenness, whether in public or in private, may be committed to one of the State lunatic hospitals; *provided, however*, that no such person shall be so committed until satisfactory evidence is furnished to the judge before whom the proceedings for commitment are had that such person is not of bad repute or of bad character; apart from his habits of inebriety.

SECT. 2. The provisions of chapter eighty-seven of the Public Statutes, and of acts amendatory to said chapter, relative to the commitment of an insane person to a lunatic hospital, shall be applicable to, and shall govern the commitment of, any person under this act, except that in all proceedings relative to the commitment of any such person it shall be specifically alleged that he is subject to dipsomania, instead of alleging that he is insane.

SECT. 3. All the laws relative to persons committed to lunatic hospitals on the ground of insanity shall apply to persons committed thereto under the provisions of this act; *provided*, that no person so committed shall be discharged therefrom unless it appears probable that he will not continue to be subject to dipsomania or habitual drunkenness, or that his confinement therein is not longer necessary for the safety of the public or for his own welfare.

SECT. 4. This act shall take effect upon its passage.

Approved, June 18, 1885.

This law is described in the next report of the Board of Lunacy and Charity as "a compromise between the former condition of things, and the creation of a new establishment for that special class." As a compromise, it satisfied no one. The board has continued to make its annual recommendation for the establishment of a separate institution. But the case of the asylum superintendents was indeed a hard one. They had asked for bread, and received a stone. They had gone to the legislature in the hope of obtaining a law which would relieve them of such inebriates as were occasionally committed to their care upon certificate of insanity; and they came away with a statute legalizing the commitment to the State lunatic hospitals of habitual drunkards without any

inquiry as to their mental condition. Under these circumstances it was hardly to be expected that they would preserve silence, and accordingly we find their succeeding reports enlivened with vigorous protests against the new law. This attitude was perhaps natural under the circumstances; but it should be noted that the most elaborate and vehement protests were published shortly after the passage of the law, before its results had been demonstrated by experience. The various arguments which were then made against the wisdom of the statute will be duly noticed in the course of this paper.

Let us now proceed to review the cases which have been received at Danvers under the dipsomaniac law, from June, 1885, to January, 1889. One meets with some difficulty in tabulating these cases on account of the carelessness of the certifying physicians and of the judges, with reference to the provision that "in all proceedings relative to the commitment of any such person it shall be specifically alleged that he is subject to dipsomania, instead of alleging that he is insane." Since the law went into effect, forty-eight men and sixteen women have been committed to the hospital as habitual drunkards or dipsomaniacs. Of these sixty-four cases, twenty-two were suffering from delirium tremens or from alcoholic insanity, acute or chronic, and might properly have been committed as lunatics. To offset these, there were fourteen men and five women, all habitual drunkards, but committed as lunatics; a few of these probably showed transient mental symptoms at the time of examination, but no such symptoms were manifest after their arrival at the hospital. In case of most of them, however, it was evidently the intention to commit them under the dipsomaniac law, but the old forms of papers being used without the necessary alterations, the patients were committed as lunatics, their intemperate habits being given as the fact on which the diagnosis of insanity was based. Two inebriates (men) were accepted as voluntary patients.

It may be stated, then, that eighty-three cases in all have been received under the law; of which number at least twenty-two would have been committed as lunatics if no such law had been in force. These eighty-three cases represent only seventy-four persons, four having been committed twice, one three times and one four times.

Besides these cases, there were thirty-seven men and sixteen women, properly committed as lunatics, but whose mental symptoms were due to abuse of alcohol, and were of transient duration.

It is perhaps unfair to consider these in the present connection, since they were committed without reference to the law under discussion: but they should at least be referred to here since they were just such cases as the twenty-two previously mentioned, committed as drunkards. Moreover, quite a number of them remained in hospital for a considerable time after recovery, in order to keep out of the way of temptation to drink; some of them, indeed, after being discharged on visit, voluntarily returned, on finding that they were in danger of relapsing into their old habits; and several were afterwards recommitted, not as lunatics but as drunkards. The remark may be permitted, in passing, that in case a reformatory institution were established, it would be eminently proper that provision should be made for the transfer of such cases to that institution, upon recovery from their mental symptoms.

With regard to our treatment of these inebriates, I have to confess that we have not discovered the specific by means of which certain specialists have been able to cure permanently from sixty to eighty per cent of their cases; a remarkable result, by the way, in the treatment of a "chronic disease." Of course, in some instances, a general tonic regimen is indicated by the condition of the patient. But, as a rule, after a short abstinence from drink he develops a healthy appetite for food, and soon his physical condition is apparently so good that it must be extremely difficult to find an excuse for prescribing a placebo. The main object is to compel him to go without liquor for a prolonged period. During this period, it is of importance that he should be provided with some occupation, not only for the sake of his physical well-being, but also as a safeguard against the condition of irritability and discontent which with most people is the result of enforced idleness. In the meantime, let every opportunity be taken for strengthening the *morale* of the patient, in order that he may be the better able to withstand temptation when he again gets among his old friends and companions.

The programme above sketched it is impossible to carry out faithfully in a lunatic hospital. These asylums are organized for the care of the insane, and it is impracticable to so modify their organization as to provide, at the same time, for the complete supervision and employment of a few drunkards. In order to take effectual precautions against every possibility of their obtaining liquor, it would be necessary to confine them permanently in the back wards, with excited or demented lunatics. They could not

go out of their wards, for exercise or labor, except under the care of attendants, and therefore almost never except in company of the insane. Every precaution would have to be taken to prevent the subornation of attendants and other employes. To any one familiar with our lunatic hospitals, it is needless to say that such a system would be impracticable and, if practicable, would be wholly unendurable; and that no asylum in the State could succeed in holding an intelligent man (or at least three or four of them together) under such a plan.

We have therefore adopted, in general, the following system of dealing with these cases. After recovery from the transient effects of liquor, from which they are usually suffering on admission, they are placed upon one of the most comfortable of our closed wards, and there they remain until discharge, subject to the usual hospital regulations,—unless they go to work. In that case, they are transferred to an open ward, upon their promise to abstain from liquor and not to leave the hospital grounds without permission. They are told that purely medical treatment can be of little benefit to them, but that it is of the utmost importance that they should remain out of the way of temptations to drink for a long period. An attempt is made to bring each individual to a realizing sense of the fact that he has passed the point when he can safely play with intoxicating drinks, and that in future his only safety lies in total abstinence. We endeavor to postpone his discharge from the hospital as long as possible. When he and his friends concur in demanding his release from confinement, we let him go,—with good advice. We generally discharge him on visit, so that he can be sent back within two months, without recommitment; and a considerable number have availed themselves of this privilege voluntarily.

Let us now consider the alleged injurious influence of the drunkards upon the hospitals and their legitimate patients. Stress is laid upon the fact that the hospitals are already greatly overcrowded, and that it is unfair to inflict upon them a large number of people who properly belong elsewhere. With regard to this point, I can only pretend to speak for the Danvers Hospital. It should be borne in mind that the number of patients received under the dipsomaniac law has been by no means so large as was anticipated. We have had eighty-three in three years and a half; and at least twenty-two of these would certainly have been committed as lunatics, if no such law had been in force. It can hardly be said that this number has seriously strained the resources of an

institution which is accustomed to between 500 and 600 commitments annually, particularly when it is also considered that, since the passage of the law, the annual commitments have, for various reasons, fallen off from 530 in 1884 to 402 in 1888. Moreover, it should be noted that these patients can sleep in dormitories, not requiring single rooms or night watches. I think I may safely say that the hospital could easily and profitably have accommodated several times as many inebriates as we have had the good fortune to receive.

It was at first feared that the judges would not exercise sufficient care in selecting for commitment only such cases as were not of bad character, aside from their habits of inebriety. As Dr. Fisher expressed it: "It would indeed be unfortunate if our insane hospitals should be used as convenient retreats for vicious and disreputable drunkards to recuperate in." The event has, in our experience, proved this fear to be practically groundless. In only a few instances would it be possible to fairly criticise commitments on this score.

It was prophesied that the drunkard, if he had the opportunity, would almost certainly run away. We have had, in three years and a half, 136 drunkards, including the cases of temporary mental disturbance due to abuse of alcohol. A very considerable number of these have been on parole; and it should be remembered that, whether on parole or not, it is a comparatively easy matter for an intelligent man to escape from the front wards of an asylum. Of these 136 cases, four have eloped, three of whom returned after a few days.

I have already called attention to the fact that recognizing the impossibility, with the hospital organization, of keeping these patients under as close supervision as would be desirable, we have adopted the plan of granting them a degree of freedom which one would naturally expect to be frequently abused. I have myself been agreeably surprised at the small amount of scandal which has arisen in consequence of the liberty thus granted. In not a single instance, so far as I know, has one of them got drunk within the hospital grounds. No doubt some have obtained occasional drinks from untrustworthy employes or from visiting friends. But I have no reason to believe that this has ever been reduced to a system, and I am confident that less liquor has been supplied them than would have been the case if we had attempted to lock them up under constant observation, and left them with no other object in life than to circumvent the rules to which they were subjected.

The inebriate has been constantly described as a nuisance in the hospital wards, because he is discontented and lazy; it is said that, as a rule, he is unwilling to work except on compulsion, and that his presence tends to discourage insane inmates from working. The question is worth looking into, because the facts with regard to it will show most plainly the true position which the inebriates take in the asylum community; moreover, the point is of considerable practical importance in speculating how far a special institution for this class could be made self-supporting. Of our whole male population, about forty per cent are engaged in some kind of labor daily; the value of the labor performed is not taken into account in making up the daily list. Of the sixty-two men committed under the dipsomaniac law, twenty-nine, or forty-seven per cent, have been steady workers. I beg you to believe that, in making this computation, there has been no attempt to strain a point in order to make a favorable showing for the drunkards. On the contrary, no case has been counted unless the work performed was done regularly and systematically; and many have been considered as non-workers, who nevertheless appeared frequently on the daily record as assisting in ward work. Moreover, these figures by no means tell the whole story. The forty-seven per cent of workers is made up in a great part of men who voluntarily remain for a considerable time, with a view of profiting by a prolonged abstinence, and who for long periods form an exceedingly useful and valuable part of our community. On the other hand, of the fifty-three per cent of non-workers, a large proportion consisted of men who stayed in hospital until they had recovered from an attack of delirium tremens, or its equivalent, and soon afterwards were taken out by the friends who had applied for their commitment. This fact is best brought out by computing the aggregate duration of hospital residence of the workers and non-workers, respectively. On making this computation, I find that the thirty-three non-workers remained in the hospital an aggregate of eighty-five months, while the twenty-nine workers remained an aggregate of two hundred and fourteen months, and eleven of them are still with us. It is needless to dwell upon the fact that the labor of these men is of much greater value to the institution than that of an equal number of lunatics. At the time of writing, we have thirteen men of the class under discussion. Nine of them are on parole and eleven at work. The other two are private patients, and welcome on that account. Three have their regular duties on the ward, and are always ready to help on

odd jobs. One is at work with the carpenters. One is assisting the farmer, and can be trusted in charge of a squad of working patients. One, a dentist, makes himself useful on the ward and in the marking room, and attends to the dentistry for the whole house. Two work in the kitchen, and act as "basement boys," so-called, whose duty it is to keep the basement in good condition, and to distribute the food from the kitchen to the wards. One has charge of the marking room on the male side, keeps the accounts of patient's clothing, and marks all the clothes and linen for that wing. One, a butcher, is in charge of the meat room, receives and handles all the meats, and assists in the kitchen. One is a first-class shoemaker and for two months has done all the repairing for the hospital in a more satisfactory manner than it has ever been done by hired labor. If they were all to leave us to-morrow, our monthly pay-roll would have to be very appreciably increased in order to fill their places.

In view of all these facts, I feel warranted in taking direct issue with those gentlemen who have expressed the opinion that these cases are always and necessarily a disturbing element in the asylum wards, and that their presence tends to inoculate the legitimate patients with a spirit of discontent and idleness. There seems, on the whole, to be no special occasion for wasting sympathy on the hospital which is obliged to receive them. For my own part, I hesitate to antagonize the opinions of gentlemen whose judgment is entitled to much greater credit than my own. When I first entered the hospital service, I naturally contracted the prevailing prejudice against the law. I can only say that, upon better acquaintance, I have found the poor drunkard not so black, by half, as he has been painted. So far as my experience goes, he is not often fault-finding, troublesome or peculiarly obnoxious. If put upon his honor, and at the same time made to feel that he is under a certain amount of constant supervision, he can be trusted to a very considerable extent. If treated as a man and a brother, instead of being told that he is a nuisance on the face of the earth (and more especially in a hospital,) he is as a rule obliging and helpful, and is often willing to work as steadily and conscientiously as a hired man. We receive cases of the opium habit with only a suppressed murmur of disapprobation; in fact, we accept them as voluntary applicants, provided they pay the minimum rate of board for private patients. And I appeal to any asylum physician to say if one such case, particularly if he happens to be a doctor, can not more thoroughly demoralize a ward, make himself a more

intolerable and unmitigated nuisance, and cause more trouble and anxiety, than all the drunkards his hospital ever received in six months together.

I have discussed, at perhaps inordinate length, the manner in which the Danvers Hospital has been affected by this law, because I conceived that there was some misapprehension with regard to the matter. The other, and more important, branch of our inquiry can be dismissed with fewer words, inasmuch as there is probably little difference of opinion amongst those conversant with the subject. We have, namely, to inquire how far the law has been productive of good to those whom it was designed to benefit, what are its defects, and how these might best be remedied.

I have endeavored to learn by letters and personal inquiries, something of the subsequent history of those committed under the law, but my efforts have not been particularly fruitful of results. Concerning the women, my information is so meagre as to be practically worthless. Of the fifty-one men already discharged five are known, on good authority, to have abstained from liquor up to the present time, for periods ranging from nine months to three years. One abstained for a year and two for six months, and then relapsed. Nine have not abstained, but have worked steadily, without returning to their old excesses. Five relapsed and returned to the hospital. Seven were not benefited in the least by their hospital residence. One has died, and one committed suicide. Three are now in other institutions. Of the others no satisfactory information has been obtained. The usual history seems to be about as follows: The patient abstains wholly from liquor for an indefinite period after his discharge, perhaps a week, perhaps six months. Then he accepts an invitation to drink with a friend, and *facilis descensus Averno*. Before long he is in as bad a condition as ever. It is by no means unusual however, in spite of the theories, to learn that the patient has for some time been drinking steadily in moderation, and occasionally to excess, but that he attends properly to his work and on the whole is much more sober and reliable than formerly. How long it is possible for this stage to continue, I am unable to say.

These results, it must be confessed, are not brilliant enough to be boasted of. But they are sufficiently encouraging to make it well worth while to try for something better. The chief explanation for the poor results obtained, undoubtedly lies in the fact that patients do not remain long enough in hospital, and therefore their detention serves merely as a brief and unimportant episode in their

career. The physicians who have published their views on this subject are unanimous in recommending that cases should be confined for one, two or three years. Of our cases, already discharged only four remained with us for a year, while fifty-nine went home in less than six months. In explanation of this state of things, it must be said that the provision of the statute concerning the discharge of these patients is extremely unsatisfactory. If they are to be confined until it appears probable that they will never again drink to excess, many would have to be kept for life. On the other hand, if they may be released as soon as their condition becomes such that they will not endanger the safety of the public, most might be discharge within a week. It must be borne in mind that, in the majority of cases, at the time the patient is committed neither himself nor his friends contemplate for him a prolonged stay in the hospital. He has been drinking hard for some time, has got into a condition where it is impossible for him to work or to stop drinking, is in a wretched physical state, and his friends prevail upon him to go to the hospital and "be braced up," with the expectation that he will come out again as soon as he is fit to go to work. Moreover, it should not be forgotten that, among this class of people, the labor of the patient, if he can be kept sober, is very essential to the support of his family, and it is not easy for them to see the advisability of his remaining in hospital for six months or a year, when he might just as well be earning good wages. As soon as he recovers from the immediate effects of his excesses, he feels as well as he ever did and is perfectly confident that he can go about his ordinary business, either abstaining from liquor altogether or drinking in moderation, as he sees fit. He is willing, upon the representations of the physician, to remain in the asylum for what he considers a reasonable length of time. Soon, however, he becomes uneasy and naturally wants to be earning money and supporting his family. His friends, pleased with his present condition, are anxious to have him again at home and at work, and are too ready to place undue confidence in his promises for future good behavior. Soon all unite in clamoring for his discharge until the superintendent, wearied with their importunities, consents under protest. I believe that the annoyance and irritation caused by such importunities are answerable, in great measure, for the general prejudice of our asylum superintendents against such a law under any form.

The difficulty might be met, and the results of the law would be much more satisfactory, if commitments, whether to the lunatic

hospitals or to a special institution, were made for a fixed term, if only for six months. In this case it would be definitely understood that the patient was to remain in confinement for a time long enough to be, possibly, of some benefit to him; and, knowing exactly what he had to look forward to, he would have no occasion to expend his energies in endeavoring to induce his friends to plead for his early discharge. Better still, let him be committed for a longer term, say eighteen months, with provision that he may be discharged at the end of a year, on recommendation for good behavior. The prospect of shortening his time of confinement by so long a period would certainly act as a powerful inducement to him to submit gracefully to whatever system of discipline might be deemed advisable.

I have already stated in detail my reasons for believing that the commitment of inebriates to lunatic hospitals is an excellent thing for the hospitals; I am by no means so sure that it is the best thing for the inebriates. I have explained, and need not here repeat, that it is impossible to so modify the hospital organization as to provide for the proper supervision of a few drunkards, and at the same time to furnish them with suitable employment. The arguments drawn from this fact, in favor of a special reformatory institution for these cases (if they are to be treated at all), seem to me to be valid, and quite unanswerable. In the hospital, even if patients are kept on closed wards, it is impossible to take effectual precautions against the introduction of liquor by any one who is disposed to evade the rules; in a reformatory, the organization of the house would be specially directed to this end. In a hospital it is impossible to provide suitable work for more than a small number of these cases; in a reformatory work could easily be provided for all, and many forms of industry, involving the use of tools, could be introduced, which with us are impracticable. In the hospital, if the drunkard is to be employed in useful labor, it is necessary to give him an amount of liberty which he cannot always be safely trusted with; in a reformatory all could be kept at work, and at the same time could be under as close a supervision as might be thought necessary for each case. Finally, in the hospital there are no available means for compelling the naturally lazy to work, and we have seen cases who seemed willing to forego even the pleasures of intoxication, so long as the State would continue to support them in idleness. Whereas, in a reformatory work could be made compulsory for all, at the discretion of the superintendent.

However, even if such an institution were decided upon, I think that some modification of the present law should be left in force, for the benefit of certain cases which would never find their way to such a reformatory. A considerable proportion of the cases which we have received comes from a somewhat higher social plane than that of the average lunatic sent to State hospitals. They comprise merchants, university men, physicians—men whose reform is particularly to be desired, if it can be accomplished. They do not come to us because they have been brought before the Courts for drunkenness, but because they have been induced by their friends to avail themselves of the privilege offered them in the hospitals. I believe that much good has been done in case of these men under the existing law. They would never, with their own consent, go to a properly organized reformatory; and, in many cases, their families and friends would prefer to suffer from their continued intemperance rather than to incur the disgrace of sending them to a penal institution; for a place which should receive its inmates on sentences for fixed terms, where necessary discipline should be strictly enforced, and where labor was made compulsory, would certainly be generally looked upon as a penal institution, however it might be called. And such an organization would be necessary to insure any measure of success. It is evident to common sense, and experience has always abundantly demonstrated, that any relaxation of the necessary discipline, with a view of making the place popular or to bid for private patients, would put an end at once to its usefulness, and would leave it with no reason for its further existence.

These considerations apply, with still greater force, to the cases of women belonging to respectable families, and not of bad character aside from their habits of intemperance. You have all seen such cases—a lady, for example, who has acquired an appetite for liquor, which she indulges at home with more or less secrecy, and which, perhaps, no one deplors more than herself. She is practically powerless, of herself, against the habit. It is certain that she will never be committed to such a reformatory as I have described. But, as the next resort, she can be persuaded to come willingly to the hospital, and a hospital residence may be of the utmost benefit to her. For such cases it seems eminently proper that the doors of the asylum should remain open.

In 1875, this Association adopted resolutions in favor of the establishment of special institutions in every State for the treatment of inebriates; also, "that the treatment in institutions for

the insane, of dipsomaniacs, or persons whose only obvious mental disorder is the excessive use of alcohol or other stimulants, and the immediate effect of such excess is exceedingly prejudicial to the welfare of those inmates for whose benefit such institutions are established and maintained, and should be discontinued just as soon as other separate provision can be made for the inebriates." One must indeed be cautious in drawing general conclusions from the experience of one asylum, which is in some respects particularly well situated for the reception of these cases; but, so far as this experience goes, it has convinced me that the evils resulting from the presence of this class in asylums have been, to say the least, much exaggerated. On the contrary, the results of the present law have been, on the whole, satisfactory, both as regards this hospital and the patients committed to it under the law. Nevertheless, for numerous reasons already stated, I believe that better results could be effected if the patients were sent, for definite terms, to an institution specially adapted to their needs. I would, however, still leave it practicable for certain cases, already described, to be committed to the lunatic hospitals, if possible, also, for definite terms.

In conclusion it may be stated, that since the above paper was written, the Massachusetts Legislature has passed a bill, appropriating a sum of money for the establishment of an asylum for inebriates, without altering the present law, which permits the commitment of habitual drunkards to the State lunatic hospitals.

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